

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018452

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

1412

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kirkwood, Mo.Length of stay in 1b
15 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Joseph HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE Missouri. b. COUNTY Crawford

c. CITY
OR
TOWN SteelvilleInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MaryMiddle
ElizabethLast
Brand4. DATE
OF
DEATHMonth Day Year
April 28, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/7/1873

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Steelville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Snoddy

13b. MOTHER'S MAIDEN NAME

Charity Smith

14. NAME OF HUSBAND OR WIFE

James Samuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of

No. Wil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harold Brand, Steelville, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary edema

INTERVAL BETWEEN
ONSET AND DEATH

Hours

Conditions, if any,
which gave rise
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute myocardial infarction

Days

DUE TO (c)

Arteriosclerotic Heart Disease

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerosis Obliterans of Right Leg.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month; Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1962, to this date and last saw her alive on 4-28-63
Death occurred at 1:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles Miller MD

22b. ADDRESS

CHARLES MILLER, M. D.
135 W. ADAMS

22c. DATE SIGNED

4-29-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
5-1-6323c. NAME OF CEMETERY OR CREMATORY
Pleasant Point Cemetery23d. LOCATION (City, Town, County, State)
Kirkwood, Mo.
Crawford County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Halbert Funeral Home, Steelville, Mo.

25. DATE RECD. BY LOCAL REG.

4-29-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

8004
20820

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5
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1

0-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton H. Penelhus

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.